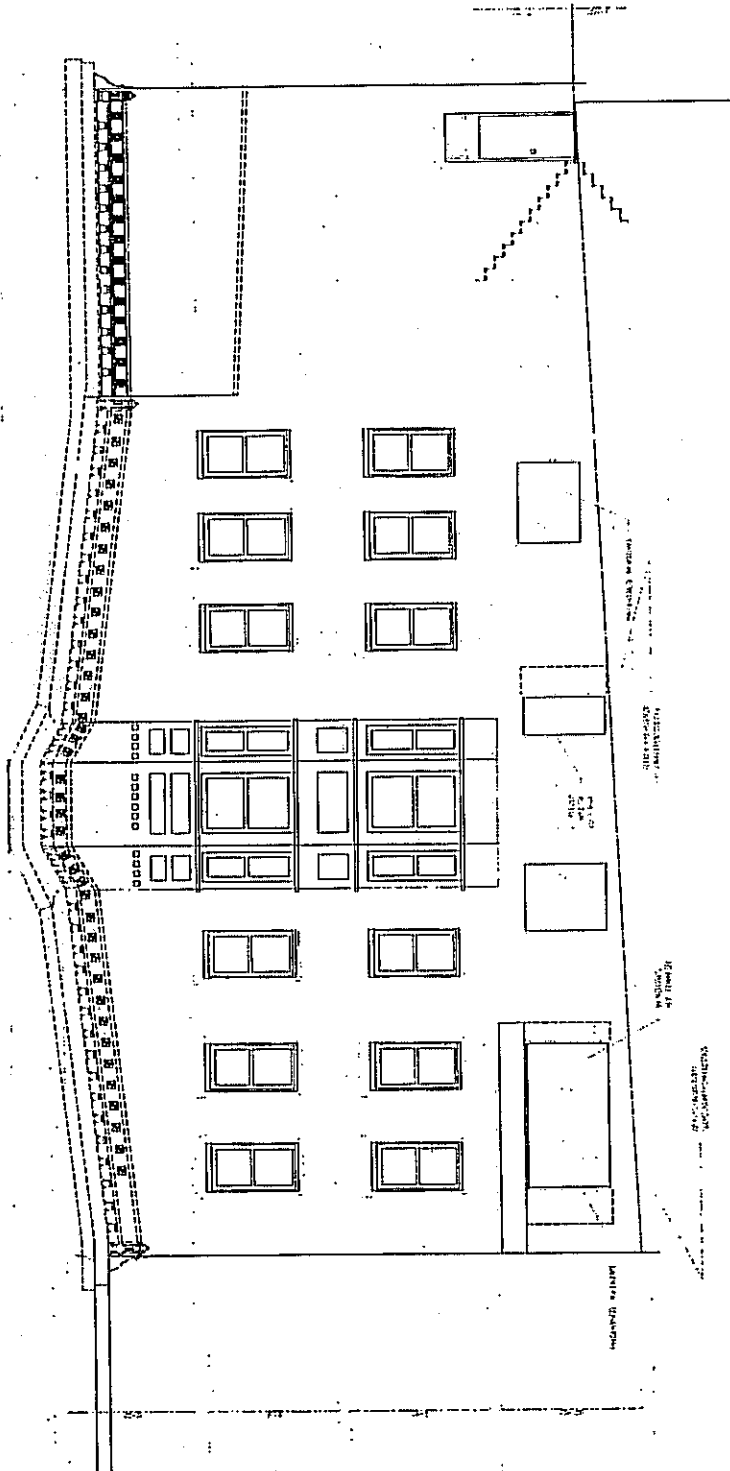


EXHIBIT "2"

EXHIBIT “3”

| | | | | | |
|--|-----------------------------------|--------------------------------------|---|---|---|
| | PROJECT NO. A-2 | PROJECT NAME 30 BROADWAY | PROJECT LOCATION NEW YORK, NY | PROJECT OWNER 30 BROADWAY LLC | PROJECT ARCHITECT ERIC WHITE OSBORN - ARCHITECT |
| | PROJECT DATE 12/16/2007 | PROJECT SCALE 1/8" = 1'-0" | PROJECT DRAWN BY EW | PROJECT CHECKED BY EW | PROJECT DATE 12/16/2007 |



1. ALL DIMENSIONS ARE IN FEET AND INCHES.
 2. ALL WALLS ARE 12" THICK UNLESS NOTED OTHERWISE.
 3. ALL FLOORS ARE 4" THICK CONCRETE UNLESS NOTED OTHERWISE.
 4. ALL ROOFS ARE 6" THICK CONCRETE UNLESS NOTED OTHERWISE.
 5. ALL CEILING ARE 8" THICK CONCRETE UNLESS NOTED OTHERWISE.
 6. ALL DOORS ARE 2' X 6' UNLESS NOTED OTHERWISE.
 7. ALL WINDOWS ARE 4' X 6' UNLESS NOTED OTHERWISE.
 8. ALL STAIRS ARE 4' X 8' UNLESS NOTED OTHERWISE.
 9. ALL ELEVATIONS ARE TO FACE UNLESS NOTED OTHERWISE.
 10. ALL FINISHES ARE TO BE DETERMINED BY THE OWNER.

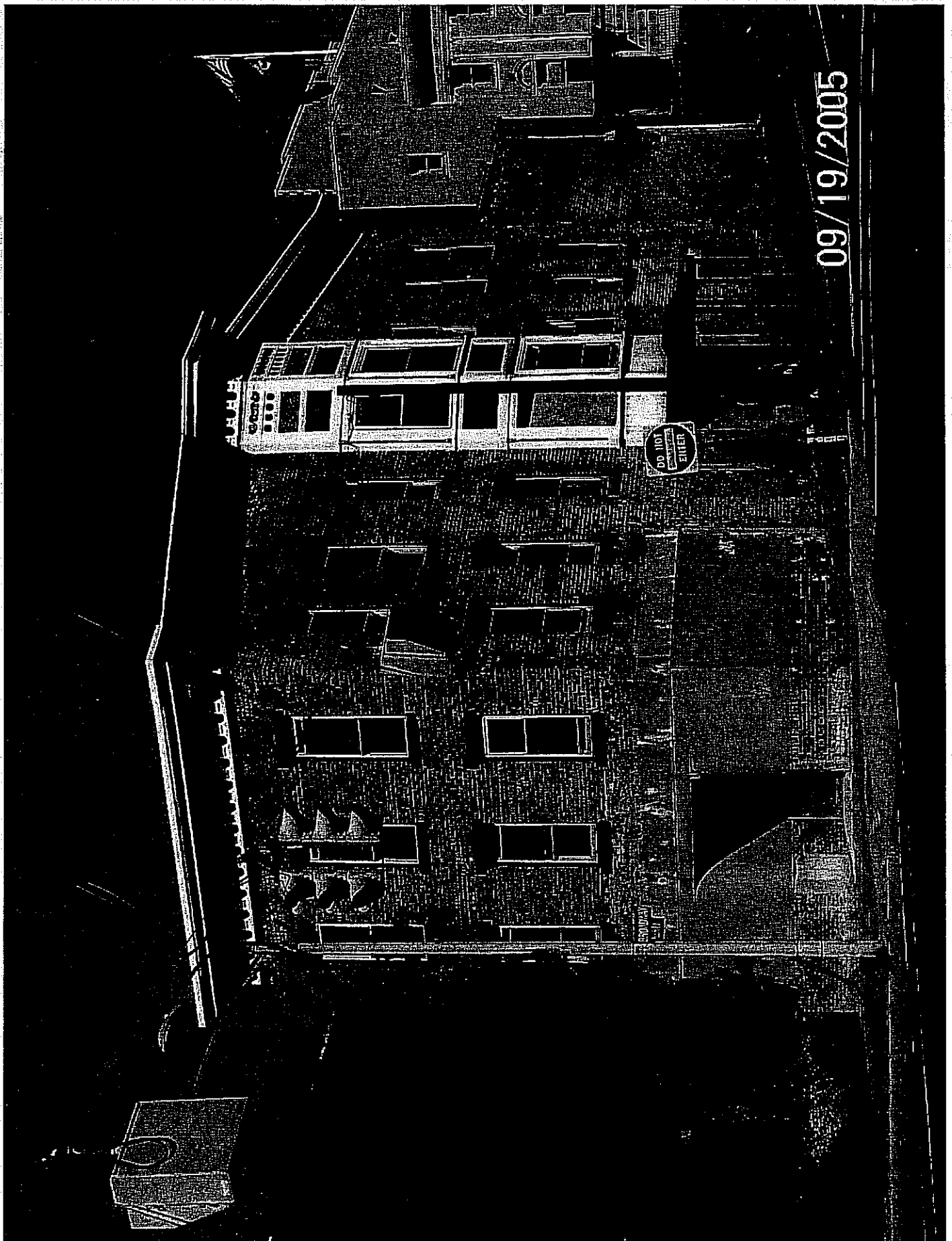


EXHIBIT "4"

City of Newburgh

Department of Public Works
88 Pierces Road
Newburgh, NY 12550

(845) 565-3297

(845) 565-3329

GUIDELINES FOR DUMPSTER PERMIT

- 1) DUMPSTER PERMIT IS REQUIRED FOR ALL DUMPSTERS PLACED EITHER ON PRIVATE PROPERTY OR CITY PROPERTY WITHIN THE CITY OF NEWBURGH.
- 2) IF DUMPSTER IS BEING PLACED ON STREET ABUTTING THE SIDEWALK, THE FOLLOWING IS REQUIRED:
 - a) A Certificate of Liability must be obtained by the property owners insurance agency.
 - b) The City of Newburgh MUST be named as additional insured.
- 3) IF DUMPSTER IS BEING PLACED ON PROPERTY OWNERS PROPERTY, NO CERTIFICATE OF LIABILITY IS REQUIRED.
- 4) THE COST FOR A DUMPSTER PERMIT IS \$35.00 PER WEEK.

CITY OF NEWBURGH
Department of Public Works
88 Pierces Road
Newburgh, NY 12550

DUMPSTER PERMIT

Today's Date: 8/23/05

Dumpster Permit # 901

Phone Number 572-9601

Name _____

Address 96 Broadway
Newburgh

has been granted Dumpster Permit Number 901 to use a dumpster to remove trash, garbage, construction materials, etc. from 96 Broadway for the period 8/23/05 to 8/30/05.

This permit is issued subject to the following conditions:

1. The dumpster is to be placed on:

a. _____ the sidewalk

b. _____ the street abutting the nearest curb

On Property

2. The dumpster is to be equipped at each corner with:

a. _____ reflectors

b. _____ lights

3. The dumpster is not to obstruct pedestrian or vehicular traffic.

4. The permit holder shall maintain the dumpster in a neat and safe manner subject to all requirements of exceptions granted with this permit.

5. A surety bond shall be provided by the permittee in a form to be approved by the City's Corporation Counsel. If the bond lapses, is revoked, cancelled, or expires, this permit shall become null and void.

The following exceptions or modifications to the Code of Ordinances are hereby granted:

Date issued: 8/23/05

Mimi Macleod
Department of Public Works

City of Newburgh

Department of Public Works
88 Pierces Road
Newburgh, NY 12550

(845) 565-3297
(845) 565-3329

Dumpster Permit # 901

Received from _____

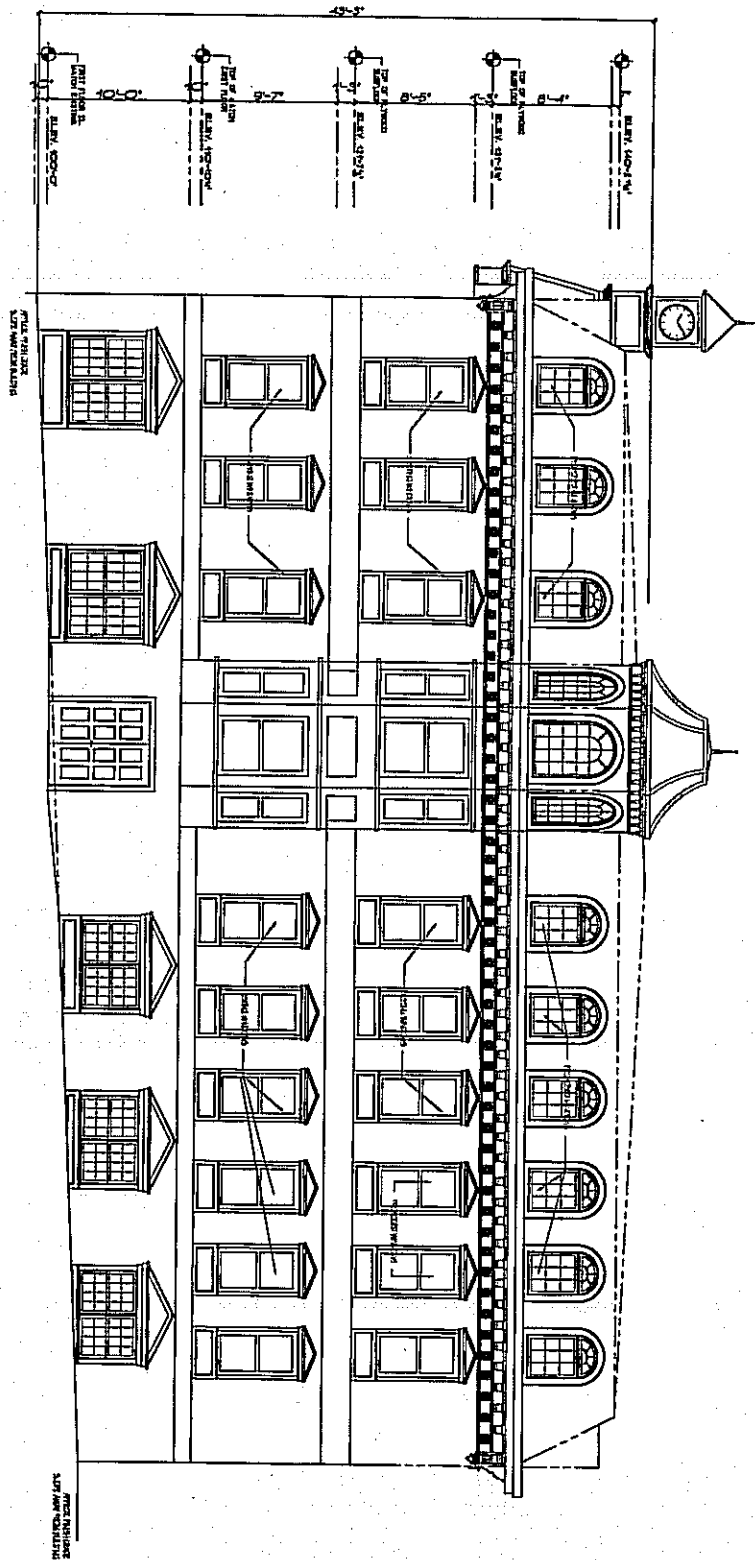
For Dumpster Permit located at: 916 Broadway
In the City of Newburgh.

\$ 35⁰⁰

Received by Mimi Nacervo

Date: 8/23/05

EXHIBIT "5"



LEFT / EAST ELEVATION

SCALE: 1/8\"/>

NOTES: SEE PLAN FOR
LOCATION OF CURB

DO NOT SCALE DRAWING



ERIC KNUTE OSBORN - ARCHITECT
FEDERAL, N.J. 07030-0000
SAIL GROUND
1 JOYCE PLAZA, STONY POINT, NEW YORK 10980
846 947-1844 / 846 947-1800 / FAX 846 947-1800
ORANGE COUNTY # 846 496-0000
LICENSED IN NEW YORK #001-865
LICENSED IN NEW JERSEY #A1 6843

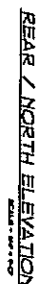
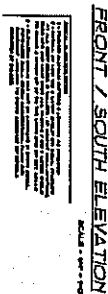
CONTENTS THE SUBMIT
OPTIONAL
EXTERIOR ELEVATIONS
BUILDING CODE OF NEW YORK STATE
PLANS FOR REVIEW

PROPOSED RENOVATION AT
96 BROADWAY
CITY OF NEWBURGH
ORANGE COUNTY, NEW YORK

PROJECT
2006-CHAD-03
SHEET
A-1
CHECKED BY:

DATE STARTED
JULY 2006
CURRENT DATE
15 JUNE 2008
SCHEDULED PLANS
OCTOBER, 2008
REVISED:
15 JUNE 2008

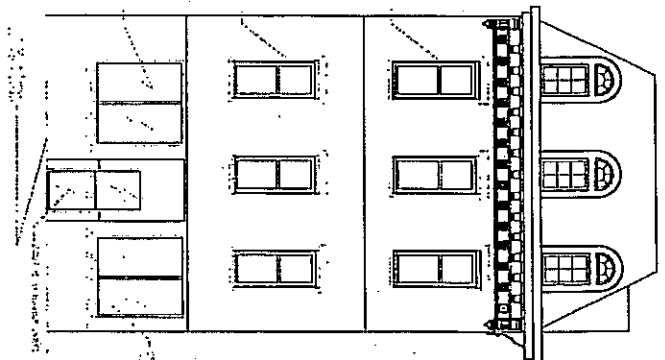




THE J. J. COOK, JR. CO.
1000 N. W. 10th St.
Miami, Fla. 33136



THE WHITE COMPANY
25, Abchurch Lane, London EC4N 3DF
Tel: 01-479 9696



^a The authors thank Dr. J. H. W. Lam for his critical reading of the manuscript.



ERIC KNUTE OSSBORN - ARCHITECT
~~1000 W. 10TH STREET - MINNEAPOLIS~~
 NEW ADDRESS
 7 JONES ROAD - GREAT FORTS - NEW YORK 10042
 NEW YORK 10042 / GREAT FORTS / NEW YORK 10042
 CHARGE COUNTY & NEW YORK
 LEONARD & NEW YORK 10042
 ADDRESS TO NEW YORK 10042

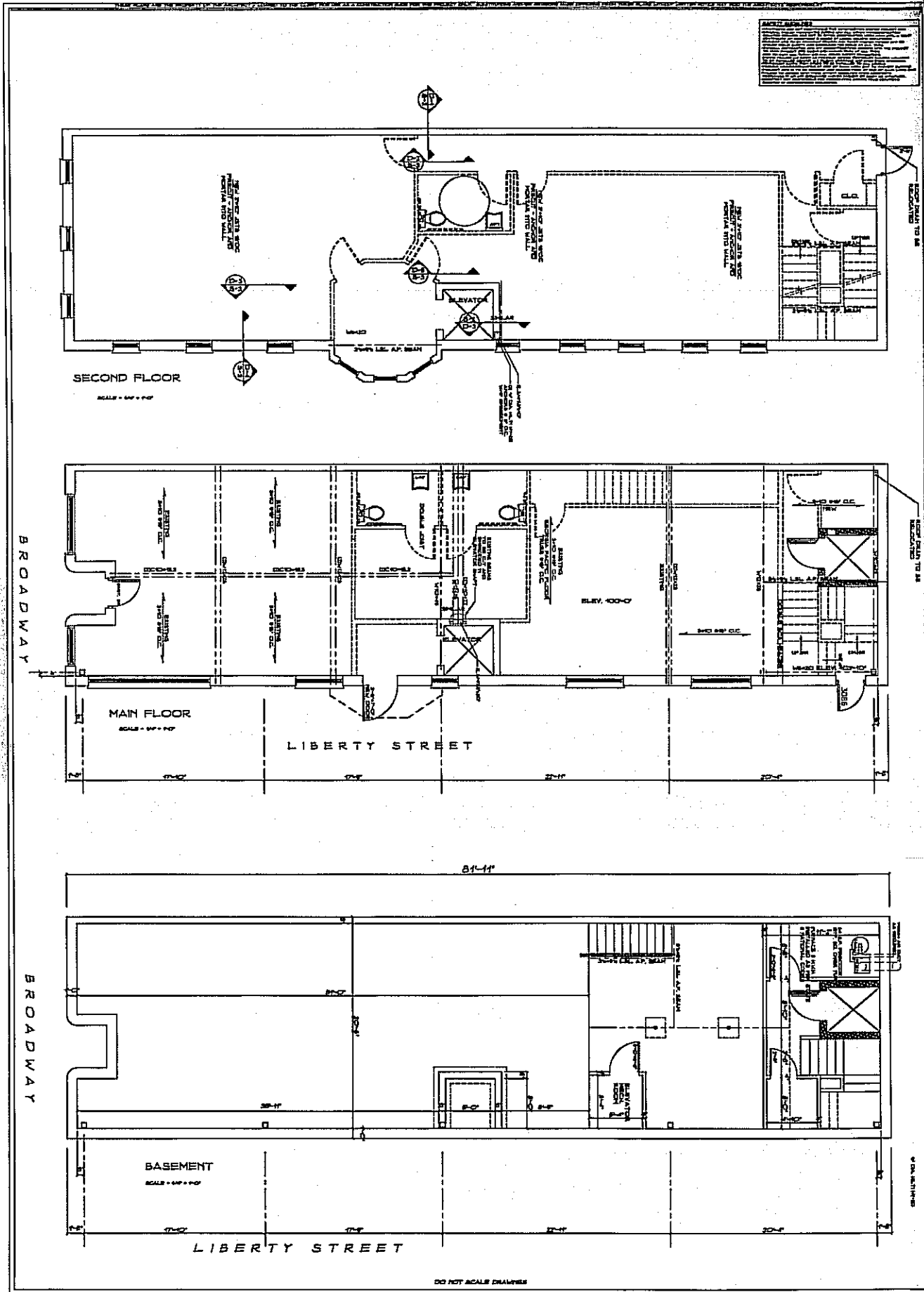
CONTENTS THIS SHEET
OPTIONAL
EXTERIOR ELEVATIONS
REVISIONS OF ALL OTHER SHEETS
SHALL NOT APPLY

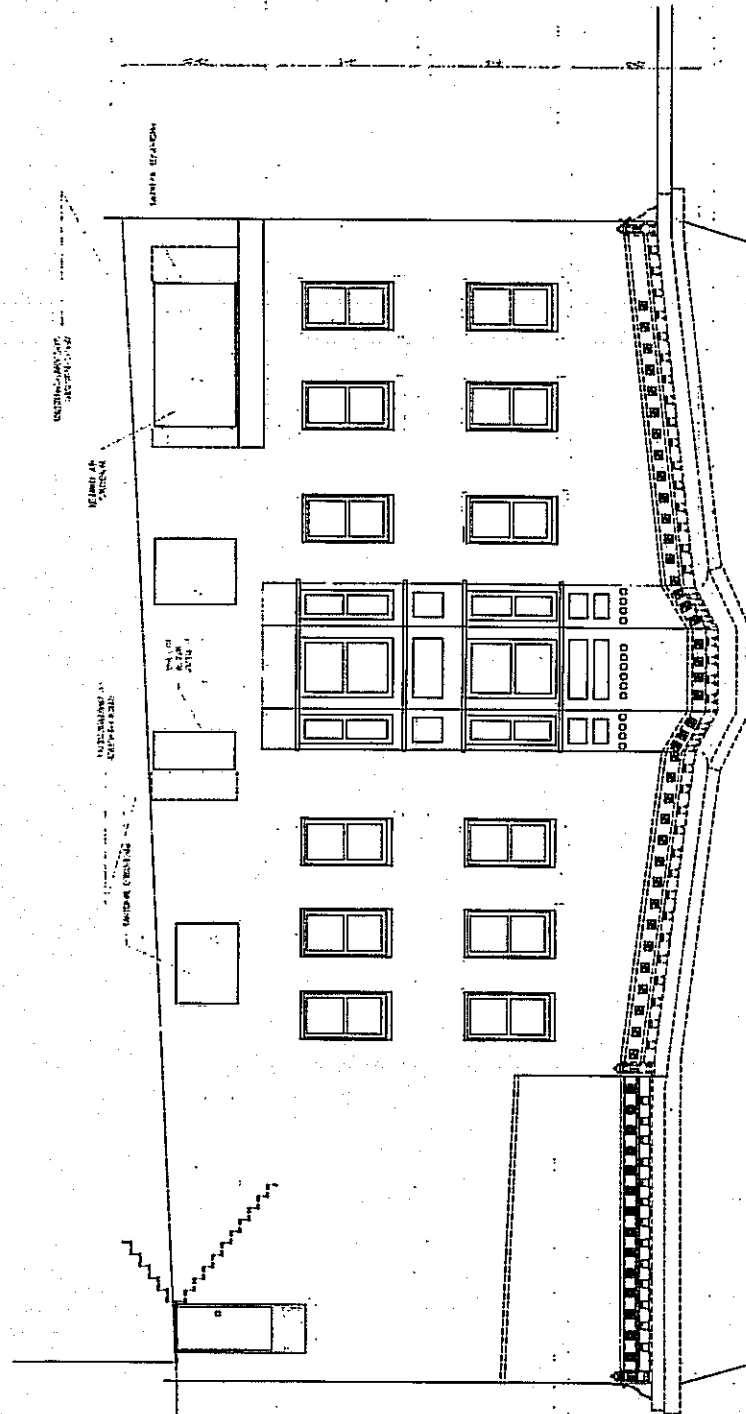
RECORDED REGISTRAR AT
95 BROADWAY
CITY OF NEW YORK
OF NEW YORK COUNTY, NEW YORK

PRODUCTS
3008-07AD-12
SHEET
A-1
DRAWN BY

| | |
|-----------------|----------------|
| DATE STARTED | 23 APRIL 2008 |
| COMPLETION DATE | 1 OCTOBER 2008 |
| PLANNED PLANT | DISPOSAL 2008 |
| ACTIVITY | |







DO NOT SCALE DRAWING



CONTENTS THE SHEET
EXTERIOR ELEVATIONS

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-11-2010 BY 60322

1. 2018-2019
 2. 2019-2020

A-2

वैद्यमानस्य चरित्रम्

[illegible]

EXHIBIT "6"

BUILDING INSPECTOR'S OFFICE
CITY OF NEWBURGH

22 Grand Street

Phone: 569-7400

PERMIT NUMBER _____

DATE SUBMITTED 1-17-06
DATE OF ISSUE _____**INSTRUCTIONS**

This application must be completely filled in by typewriter or printed in ink and submitted to the building inspectors office.

A plot plan showing location of lot and buildings on premises, relationship to adjoining premises or public streets or areas, the existing or proposed connections to city water and sewer mains, provisions for handling storm water run off and giving detailed description of layout of property must be on the diagram which is a part of this application or be drawn as a separate item and submitted with this application.

This application must be submitted with two complete sets of plans showing proposed construction and two complete sets of specifications. New York State law, under Section 7307 of the New York State Education Law, requires that new buildings or alterations costing \$10,000.00 or more or changes that affect the structural safety of a building must be stamped and signed by a New York State licensed professional engineer or architect. Plans and specifications shall describe the nature and scope of the work to be performed, the materials and equipment to be used and details of structural, mechanical, electrical and plumbing installations.

The work covered by this application may not be commenced until the issuance of a building permit.

Upon approval of this application, the building inspector will issue a building permit to the applicant together with approved duplicate set of plans and specifications. Such permit and plans and specifications shall be kept on the premises available for inspection throughout the progress of the work.

No building shall be occupied or used in whole or in part for any purpose whatever until an application is made for and a certificate of occupancy shall have been granted by the building inspector.

LOCATION OF PROPERTY: 96 Broadway, City of Newburgh, Newburgh, NY 12550
 (GIVE STREET NUMBER AND NAME OR NAME AND DISTANCE FROM NEAREST CROSS STREET)

ZONE: _____ SECTION: 30 BLOCK: 5 LOT: 22

OWNERS NAME: 96 Broadway, L.L.C.

OWNERS ADDRESS: 96 Broadway, City of Newburgh, Newburgh, NY 12550

OWNERS PHONE: (845) 562-9601

CONTACT PERSON: Douglas R. Dollinger, Esq.

BUILDING INSPECTOR'S OFFICE CITY OF NEWBURGH

1. State use and occupancy of premises and intended use and occupancy
 - a. Existing use and occupancy:
Commercial/residential
 - b. Intended use and occupancy:
Commercial/residential
2. Nature of work to be performed: (Check which is applicable)
New Building: _____ Addition: _____ Alteration: ☒ _____
Repair: _____ Demolition: _____ Other: _____
3. If a residential dwelling:
Number of existing dwelling units: N/A
Number of proposed dwelling units: N/A
4. If Business, Commercial or Mixed Occupancy, specify nature and extent of each type of use:
Two Business, two residential
5. Total square footage of existing building:
5,200
Total square footage of proposed building:
6,200
6. Size of lot: 24 x 84
7. Does proposed construction violate any zoning law or ordinance:
NO ☒ YES _____
If Yes, Give appeal number that granted variance:

8. Name of compensation Insurance Carrier:

Policy Number: _____ Expiration Date: _____
9. Name of Engineer or Architect:
Eric Osbourn
Address:

Phone: (845) 947-4614

BUILDING INSPECTOR'S OFFICE CITY OF NEWBURGH

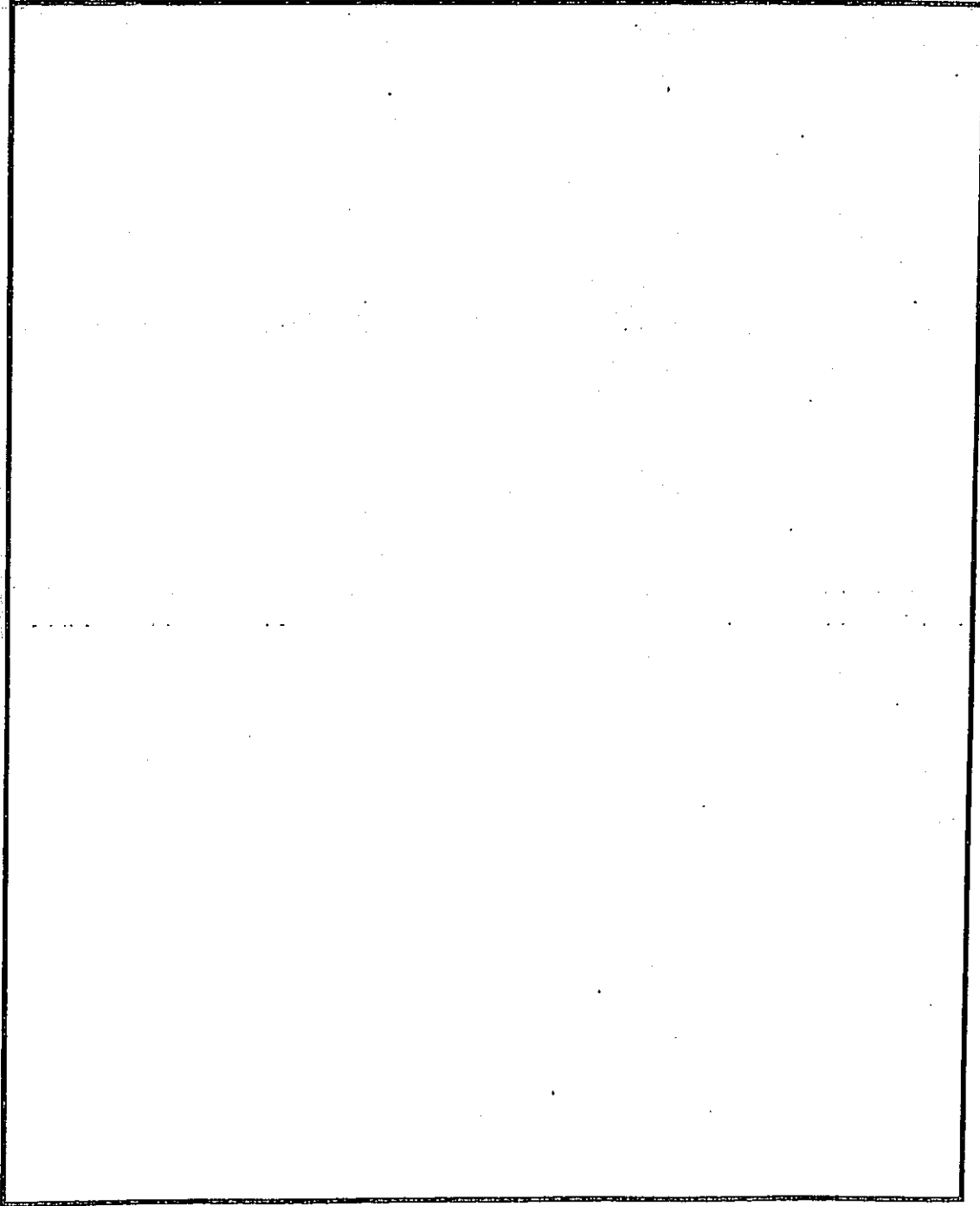
10. Name of Contractor: Self MAXIMUM SOLUTIONS INC
Address: _____
Phone: _____
11. Name of Electrician: Pending
Permit Number: _____ Phone: _____
12. Name of Plumber: Pending
Permit Number: _____ Phone: _____
13. What type of heat in building; will heating plants be located on each floor or will there be a central heating plant:
Hot air, separate for each floor

PROVIDE A BRIEF DESCRIPTION OF THE WORK THAT IS GOING TO BE PERFORMED:

Demolition interior/Exterior

DUMPSTER PERMIT NUMBER: 711
ESTIMATED COST: ~~155,000.00~~ 150,000
STARTING DATE: ASAP
ESTIMATED FINISH DATE: Thirty days.

ALL APPLICATIONS SHALL INCLUDE A PLOT PLAN THAT IS DRAWN TO SCALE, SHOWING THE LOCATION AND SIZE OF ALL PROPOSED NEW CONSTRUCTION ALL EXISTING STRUCTURES ON THE SITE, THE EXISTING OR PROPOSED CONNECTIONS TO THE CITY WATER OR SEWER MAINS, PROVISIONS FOR THE HANDLING OF STORM WATER RUN OFF, DISTANCES FROM LOT LINES, THE RELATIONSHIP OF STRUCTURES ON ADJOINING PROPERTY, WIDTHS AND GRADES OF ADJOINING STREETS, WALKS AND ALLEYS.



BUILDING INSPECTOR'S OFFICE CITY OF NEWBURGH

** NOTICE **

FOR FIRST TIME CONNECTION INTO CITY SEWER SYSTEM

CONNECTIONS TO CITY SEWER SYSTEM:

NOTE: THE HEALTH DEPARTMENT REQUIRES A SPACE OF AT LEAST TEN
(10) FEET BETWEEN WATER AND SEWER SERVICE

TAPPING SEWER MAIN:

THE OWNER OR HIS CONTRACTOR SHALL MAKE A COMPLETE
INSTALLATION FOR SEWER SERVICE. ALL WORK SHALL BE UNDER THE
DIRECTION AND SUPERVISION OF THE DEPARTMENT OF PUBLIC
WORKS.

STREET OPENING FOR SEWER CONNECTIONS:

A STREET OPENING PERMIT MUST BE OBTAINED BEFORE EXCAVATING IN
THE CITY'S RIGHT OF WAY FOR THE PURPOSE OF MAKING A CONNECTION
INTO THE CITY SEWER OR WATER MAIN. THIS PERMIT MUST BE OBTAINED
BEFORE BUILDING PERMIT CAN BE ISSUED.

INSTALLATION AND MAINTENANCE COSTS:

ALL COSTS INCIDENTAL TO THE INSTALLATION AND CONNECTION OF THE
BUILDING SEWER AS WELL AS MAINTENANCE AND REPAIR OR REPLACEMENT
OF THE BUILDING SEWER LATERAL SHALL BE BORNE BY THE OWNER.

INDUSTRIAL USERS:

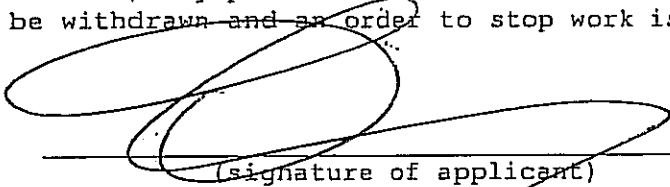
ALL INDUSTRIAL USERS PROPOSING TO CONNECT INTO THE CITY SEWER
SYSTEM MUST COMPLETE AN INDUSTRIAL WASTEWATER DISCHARGE PERMIT
APPLICATION THAT IS OBTAINABLE FROM THE CITY ENGINEERS OFFICE.

FEES:

| | |
|---------------------------------------|---------|
| RESIDENTIAL OR COMMERCIAL CONNECTIONS | \$40.00 |
| INDUSTRIAL CONNECTIONS | \$60.00 |
| OTHER REQUIRED PERMITS | |

| TYPE: | WHERE OBTAINED | REQUIRED (Y/N) | DONE (Y/N) |
|-----------------------|-------------------|-------------------|---------------|
| ZONING VARIANCE | BLDG. INSP. | _____ | _____ |
| SPECIAL USE PERMIT | BLDG INSP. | _____ | _____ |
| PLANNING BOARD REVIEW | BLDG INSP. | _____ | _____ |
| CONST. TRAILER PERMIT | BLDG. INSP. | _____ | _____ |
| BLASTING PERMIT | FIRE DEPT. | _____ | _____ |
| STREET OPENING PERMIT | BLDG INSP. | _____ | _____ |
| INSTALL GAS TANK | FIRE DEPT. | _____ | _____ |
| ELECTRIC PERMIT | ELECTRICIAN (LIC) | _____ | _____ |
| PLUMBING PERMIT | PLUMBER (LIC) | _____ | _____ |
| SIGN PERMIT | BLDG. INSP. | _____ | _____ |
| SCAFFOLD PERMIT | BLDG. INSP. | _____ | _____ |
| SIDEWALK PERMIT | BLDG. INSP. | _____ | _____ |
| CURB CUT PERMIT | BLDG. INSP. | _____ | _____ |
| CRANE Permit | BLDG. INSP. | _____ | _____ |
| DEMOLITION | BLDG. INSP. | _____ | _____ |
| HISTORIC REVIEW | BLDG. INSP. | _____ | _____ |
| OIL BURNER | BLDG INSP. | _____ | _____ |

Application is hereby made to the Building Inspector of the City of Newburgh for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Construction Code for the construction of buildings, additions or alterations, or the removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations. Applicant further agrees that the City of Newburgh Building Inspector or his designate will be permitted to perform periodic inspections of this property to insure that work is being performed according to these codes, ordinances or regulations. It is understood by the applicant that if work is not performed according to codes, ordinances or regulations, any permit that has been issued by the Building Inspector may be withdrawn and an order to stop work issued.


 (signature of applicant)

COMPLETE THIS SECTION ONLY IF APPLICANT IS OTHER THAN OWNER

_____ swears and says that
 he/she

is the applicant signed above. He/she is the Agent _____, Corporate

Officer _____ Contractor _____ of said owner or owners and is duly authorized to perform the said work and to make and file this application; That all statements contained in this application are true to the best of his/her knowledge and belief; that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Subscribed and sworn to before

me on _____ 20 _____

 (signature of applicant)

 (address of applicant)

 (address of applicant)

 (Notary Public)

 (telephone number of applicant)

ABOVE STATEMENT MUST BE SIGNED AND NOTARIZED PRIOR TO SUBMITTING
 APPLICATION
 OFFICE USE ONLY

PLANS REVIEWED BY: _____ DATE _____

SPECIFICATIONS REVIEWED BY: _____ DATE: _____

APPLICATION APPROVED BY: _____ DATE: _____

RECEIPT NUMBER: A8665 CENSUS CODE NO: _____

FEEES:

| | |
|-------------------|--------------------|
| BUILDING PERMIT | <u> \$1,500 </u> |
| BLASTING PERMIT | _____ |
| SEWER CONNECTION | _____ |
| SIGN(S) PERMIT | _____ |
| SCAFFOLD PERMIT | _____ |
| SIDEWALK PERMIT | _____ |
| CURB CUT PERMIT | _____ |
| CRANE PERMIT | _____ |
| DEMOLITION PERMIT | _____ |

TOTAL: \$1,500
 CL. 1059

City of Newburgh
Building Inspectors Office

22 Grand Street
Newburgh, NY 12550

Phone: (914) 569-7400
Fax: (914) 569-7435

BUILDING PERMIT APPLICATION CHECK LIST

1. _____ TYPE OF MATERIALS TO BE USED.
2. _____ MEASUREMENTS
3. _____ RAILINGS (DIMENSIONS)
4. _____ FOOTINGS (DEPTH AND DIMENSIONS)
5. _____ SUPPORT BEAMS
6. _____ TYPE OF DECKING
7. _____ FRAMING, SIZE, AND SPACING BETWEEN
8. _____ STAIRS (HOW MANY), DIMENSIONS OF RISERS, TREAD, WIDTH
9. _____ EXTERIOR WALLS, TYPE OF SHEATHING
10. _____ TYPE OF INSULATION AND R-VALUE
11. _____ ROOF RAFTERS, SIZE AND SPACING BETWEEN
12. _____ FLOOR JOISTS, SIZE AND SPACING BETWEEN
13. _____ FLOOR PLAN SHOWING WALLS, DOORS, WINDOWS

**CITY OF NEWBURGH
BUILDING INSPECTOR'S OFFICE**

22 Grand Street
Newburgh, New York 12550

Phone: 569-7400
Fax: 569-7435

TO ALL GENERAL CONTRACTORS WITH WORKERS COMPENSATION INSURANCE

For businesses listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers Compensation Law is on one of the following forms that indicate that they are:

- Insured (WC/DB 100) (replaces C105.21)
- Accord Insurance Form is no longer accepted
- Self Insured (S1-12)

Under the mandatory coverage provisions of the WCL, any residence that is not a 1,2,3 or 4 family, owner occupied residence is considered a business (income or potential income property).and must prove compliance by filing on the of the above forms.

If you have any further questions, please contact:

Workers Compensation Office
41 North Division Street
Peekskill, New York 10566
(914) 788-5775

der penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

to agree to either:
acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit; OR

have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

erty Address that requires the building permit:

Sworn to before me this _____ day of _____

(County Clerk or Notary Public)

| | | | | | | | | | | |
|---|--|---|--|--|---|--|---|--|---|---|
| NYS WCB WCDB100/101 100 Broadway Menands ALBANY 12241 (866) 750-5157 Fax# (518) 473-9166 | NYS WCB WCDB100/101 State Office Building 44 Hawley Street BINGHAMTON 13901 (866) 802-3604 Fax# (607) 721-8464 | NYS WCB WCDB100/101 111 Livingston St. 22nd Floor BROOKLYN 11201 (800) 877-1373 Fax# (718) 802-6642 | NYS WCB WCDB100/101 107 Delaware Ave. BUFFALO 14202 (866) 211-0645 Fax# (716) 842-2155 | NYS WCB WCDB100/101 220 Rarob Drive Suite 100 HAUPPAUGE 11788 (866) 681-5354 Fax# (631) 952-7966 | NYS WCB WCDB100/101 175 Fulton Ave. HEMPSTEAD 11550 (866) 805-3630 Fax# (516) 560-7807 | NYS WCB WCDB100/101 215 W. 125th St. 3rd Floor NEW YORK 10027 (800) 877-1373 Fax# (212) 316-9183 | NYS WCB WCDB100/101 41 North Division St. PEEKSKILL 10566 (866) 746-0552 Fax# (914) 788-5793 | NYS WCB WCDB100/101 168-46 91st Ave. 3rd Floor QUEENS 11432 (800) 877-1373 Fax# (718) 291-7248 | NYS WCB WCDB100/101 130 Main St. ROCHESTER 14614 (866) 211-0644 Fax# (585) 238-8341 | NYS WCB WCDB100/101 935 James St. SYRACUSE 13203 (866) 802-3730 Fax# (315) 423-2938 |
|---|--|---|--|--|---|--|---|--|---|---|

Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

(Incomplete forms will be returned - Please contact an attorney if you have any questions regarding this form.)

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Affidavit ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show either other businesses or those business' insurance carriers that such insurance is not required.

Applicant must either fax or mail this completed form to the closest New York State Workers' Compensation Board office at the fax number or address listed on the top of this form. Incomplete forms will be returned.

Please note: This statement must be notarized and also have been stamped by the New York State Workers' Compensation Board. This affidavit will not be accepted by government officials one year from the date received by the Workers' Compensation Board.

Upon receipt of a fully completed WC/DB 100 form, the Workers' Compensation Board will stamp this form as received and return it to you by either mail or fax. Please provide a copy (or the original, if required by the government entity) of this stamped form to the government entity from which you are requesting a permit, license, or contract.

In the Application of (Business Name and Address)

for a _____ permit/license/contract

State of _____)

) ss.:

County of _____)

_____ (applicant's name) being duly sworn, deposes and says:

1. I am the _____ (position) with _____ (business or trade name), a _____ (type of business). The telephone number of the business is _____. The Federal Employer Identification Number of the business (or the Social Security Number of the business owner) is _____. The New York State Unemployment Insurance Employer Registration Number (if any) of the business is _____. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this affidavit.

2. My personal address is _____ and my home telephone number is _____.

3. That the above named business is applying for a _____ (type of permit/ license/contract applying for) from _____ (governmental entity issuing the permit/ license/contract).

3a) {Optional - Location of where work will be performed in New York State from _____ to _____ (dates necessary) to complete work associated with permit/license/contract). The estimated dollar amount of project is _____.

4. That the above named business is certifying that it is exempt from obtaining New York State specific workers' compensation insurance coverage for the following reason (to be eligible for exemption, applicant must be able to truthfully check ONE of the boxes from 4a. through 4h.):

- ☐ 4a.) the business is owned by one individual and is not a corporation. Other than the owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).
- ☐ 4b.) the business is a partnership under the laws of New York State and is not a corporation. Other than the partners, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members). (Must attach separate sheet with a list of all the partners names and also with the signatures of all the partners.)
- ☐ 4c.) the business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, leased employees, borrowed employees, part-time employees or unpaid volunteers (including family members).

WORKERS' COMPENSATION REQUIREMENTS UNDER WCL §57

To comply with coverage provisions of the Workers' Compensation Law, businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be self-insured or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing Section 57 of the Workers' Compensation Law, businesses requesting permits or seeking to enter into contracts MUST provide ONE of the following forms to the government entity issuing the permit or entering into a contract:

- A) WC/DB-100, Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

~~WC/DB-101, Affidavit That An OUT-OF-STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR~~

(Affidavits must be stamped as received by the NYS Workers' Compensation Board)

- B) C-105.2 – Certificate of Workers' Compensation Insurance (the business' insurance carrier will send this form to the government entity upon request) PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR
- C) SI-12 – Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), OR GSI-105.2 – Certificate of Participation in Worker's Compensation Group Self-Insurance (the business' Group Self-Insurance Administrator will send this form to the government entity upon request).

DISABILITY BENEFITS REQUIREMENTS UNDER WCL §220 SUBD 8

To comply with coverage provisions of the Disability Benefits Law, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be self-insured.

Accordingly, to assist State and municipal entities in enforcing Section 220 Subd. 8 of the Disability Benefits Law, businesses requesting permits or seeking to enter into contracts MUST provide ONE of the following forms to the entity issuing the permit or entering into a contract:

- A) WC/DB-100, Affidavit For New York Entities And Any Out Of State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

~~WC/DB-101, Affidavit That An OUT-OF-STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR~~

(Affidavits must be stamped as received by the NYS Workers' Compensation Board)

- B) Either the DB-120.1 – Certificate of Disability Benefits Insurance OR the DB-820/829 Certificate/Cancellation of Insurance (the business' insurance carrier will send one of these forms to the government entity upon request); OR
- C) DB-155 – Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

ACORDTM CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
01/10/06**PRODUCER**Northeast Agencies Inc.
2495 Main St. Ste 209
Buffalo, NY 14214-2152

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSUREDMaximum Solutions
PO Box 47
Bellvale, NY 10912**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A Ulica First Insurance ART 125046400

INSURER B

INSURER C

INSURER D

INSURER E

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADOT LTP INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|------------------------|--|---------------|---------------------------------------|--|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/> | TBD | | | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY, AGG \$ |
| | EXCESS/UMBRELLA LIABILITY OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONSAdditional Insureds: Family Health Center of Newburgh
98-100 Broadway
Newburgh, NY 12550The Elks Club of Newburgh Lodge# 247
153-155 Liberty St.
Newburgh, NY 1255098 Broadway LLC
96 Broadway
Newburgh, NY 12550**CERTIFICATE HOLDER**City of Newburgh
123 Grand st.
Newburgh, NY 12550**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

105 CORPORATE PARK DRIVE SUITE 200, WHITE PLAINS, NEW YORK 10604-3814
Phone: (914) 253-4871

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

MAXIMUM SOLUTIONS INC
P O BOX 47
BELLVALE NY 109120047

| | |
|---|--|
| POLICYHOLDER MAXIMUM SOLUTIONS INC P O BOX 47 BELLVALE NY 109120047 | CERTIFICATE HOLDER CITY OF NEWBURGH BUILDING DEPT 22 GRAND STREET NEWBURGH NY 12550 |
|---|--|

| | | | |
|--------------------------------------|-------------------------------------|---|---------------------------|
| POLICY NUMBER W 1202 053-3 | CERTIFICATE NUMBER 358418 | PERIOD COVERED BY THIS CERTIFICATE 03/27/2005 TO 03/27/2006 | DATE 12/28/2005 |
|--------------------------------------|-------------------------------------|---|---------------------------|

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1202 053-3 UNTIL 03/27/2006, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 03/27/2006 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790

VALIDATION NUMBER: 935519733

| | | |
|---|--|---|
| ACORDTM CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 02/06/06 |
| PRODUCER Northeast Agencies Inc. 2495 Main St. Ste 209 Buffalo, NY 14214-2152 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |
| INSURED Maximum Solutions PO Box 47 Ballyale, NY 10912 | | |
| | | INSURERS AFFORDING COVERAGE |
| | | NAIC # |
| | | INSURER A: Utica First Insurance ART 125046400 |
| | | INSURER B: |
| | | INSURER C: |
| | | INSURER D: |
| | | INSURER E: |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR (A-D-E) | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--------------|---|-------------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY | TBD ART 125046400 | 05/14/2006 | 05/14/2006 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GENERAL AGGREGATE \$ 2,000,000 | | | | PRODUCTS - COMP/OP AGG \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | |
| | POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> | | | | |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | HIRED AUTOS | | | | |
| | NON-OWNED AUTOS | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | ANY AUTO | | | | OTHER THAN EA ACC \$ |
| | | | | | AUTO ONLY: AGG \$ |
| | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE \$ |
| | | | | | \$ |
| | DEDUCTIBLE | | | | \$ |
| | RETENTION | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS OTHER \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E L EACH ACCIDENT \$ |
| | If yes, describe under SPECIAL PROVISIONS below | | | | E L DISEASE - EA EMPLOYEE \$ |
| | OTHER | | | | E L DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insureds: Family Health Center of Newburgh
 98-100 Broadway
 Newburgh, NY 12550

The Elks Club of Newburgh Lodge#247
 153-155 Liberty St.
 Newburgh, NY 12550

96 Broadway LLC
 96 Broadway
 Newburgh, NY 12550

CERTIFICATE HOLDER

City Of Newburgh
 123 Grand St.
 Newburgh, NY 12550

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Allstate.

You're in good hands.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the Issuing Insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



JOSEPH A GIGLIO
EXCLUSIVE AGENT
204 MAIN STREET
GOSHEN, NEW YORK 10924
BUS: (845) 291-3677
294-8977
FAX: (845) 294-4790

FAX TRANSMITTAL FORM

DATE: 2/6/06

TO City of Newburgh

FROM: JOE GIGLIO
MARGARET BENNETT

FAX NUMBER: 569-0096

NO. OF PAGES INCLUDING COVER SHEET:

Certificate of Insurance
for Maximum Solutions

EXHIBIT “7”

Douglas R. Dollinger

Councilor at Law

Telephone

(845) 562-9601

Facsimile

(845) 562-9602

96 Broadway
City of Newburgh
Newburgh, New York 12550
www.ddollingerlaw.com

December 29, 2005

Mr. William Cummings
Head Code Officer City of Newburgh
Building Department
22 Grand Street
Newburgh, New York 12550

RE: 96 Broadway

Dear Mr. Cummings:

In reply to your request for written authorization relative to temporarily commencing structural support repairs at the aforementioned building 96 Broadway, Newburgh, New York, please accept my letter as a formal request for immediate access to commence these repairs.

In or about July 2005, I purchased the building and at that time determined that debris and other hazards were present in the building and needed immediate attention and removal. Additionally, my engineers and construction crew determined that based on the prior owner's removal of structural supports including four joist and roof rafters, that unless immediate repairs are commenced there is as risk of damage to the structure wherein additional and unnecessary costs will be incurred.

Based on the foregoing, I respectfully request your permission for access to commence those repairs.

Very truly yours,

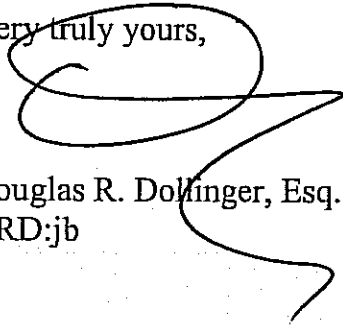

Douglas R. Dollinger, Esq.
DRD:jb

EXHIBIT "8"

WHELDON A. ABT, ARCHITECT, P.C. 90 CRYSTAL RUN ROAD • MIDDLETOWN, NY 10941 • 845-695-1444

January 23, 2006

Mr. Bill Cummings, Code Compliance Supervisor
City of Newburgh Building Inspector's Office
22 Grand Street
Newburgh, N.Y. 12550

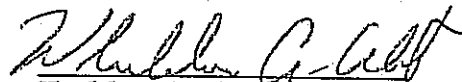
Bill #041

Billing for professional architectural services in accordance with our Agreement
for consulting services for a Plan Review for Reconstruction and Additions to
96 Broadway including all work from 1/18/06 through 1/23/2006. Thank you.

Plan Review: 1/13/2006

W. Abt 4 Hours @ \$85./hr. = \$340.

Total Due: \$340.


Wheldon A. Abt

**CITY OF NEWBURGH
BUILDING INSPECTOR'S OFFICE**

22 Grand Street
Newburgh, New York 12550

Phone: 569-7400
Fax: 569-7435

January 25, 2006

96 Broadway LLC
96 Broadway
Newburgh, New York 12550
Attn: Douglas Dollinger, Esq.

Reference: Building Permit for 96 Broadway

Dear Sir:

Enclosed is the review by Mr. Abt of your submitted plans with regard the above captioned project.

As noted in his comments he has recommended a preliminary meeting, which I concur with. I would like to schedule this meeting at the earliest possible time. Listed below are the days available for a preliminary meeting and deadlines for scheduling of meetings:

Meeting Date

Second Tuesday of each month

Fourth Tuesday of the month

Deadline for Scheduling:

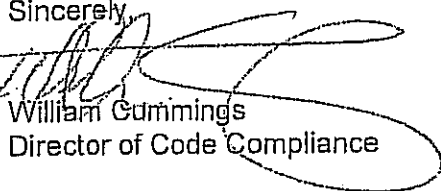
Last working day of the month

Second Friday of the month

Additionally, for your information, all reviews are the applicant's expense and all fees must be paid prior to the issuance of a building permit. See attached invoice.

If you have any questions, please contact me directly.

Sincerely,



William Cummings
Director of Code Compliance

WC/mh

WHELDON A. ABT, ARCHITECT, P.C. 90 CRYSTAL RUN ROAD • MIDDLETOWN, NY 10860

January 23, 2006

Mr. Bill Cummings, Code Compliance Supervisor
City of Newburgh Building Inspector's Office
22 Grand Street
Newburgh, N.Y. 12550

RE: Plan Review
96 Broadway

Dear Mr. Cummings,

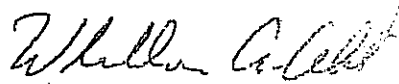
Please find enclosed Plan Review comments on this project.

This project includes the Alteration and Reconstruction with an Addition to an existing three story building. It is my recommendation that a Preliminary Meeting and a Building Evaluation are required for this project.

The Building Evaluation for this project will be required to examine and document the existing structure including its capacity to support an addition as well as the existing or prior occupancies. The project is probably not of Use for at least a portion of the project. The project documents submitted at this time do not sufficiently address compliance with the code. The estimated cost given as \$150,000. on the Building Permit Application is, in my opinion, inadequate for the complete Reconstruction of a three story, 7,000 sq.-ft. building with two floors of offices, two apartments, and an elevator.

Please contact me regarding this Plan Review, if you have questions or need information on the Plan Review or project. Thank you.

Sincerely,


Wheldon A. Abt

PLAN REVIEW
for
CITY OF NEWBURGH BUILDING INSPECTOR'S OFFICE

PROJECT: 96 Broadway
Reconstruction & Additions

DATE: January 23, 2006

REVIEWER: Wheldon A. Abt, Architect

Drawings & Specifications prepared & certified by:
Eric Knute Osborn, Architect NYS Lic.#021585

The following comments are based upon Drawings A-2, A-3, S-1, and S-2 dated October 2005 and the Building Permit Application dated 1/17/2006:

Comment #

1. Applicable Regulations - The project is subject to Appendix K for the Rehabilitation of Existing Structures of the Building Code of New York State and Title 19 Codes as applicable. See comments below.
2. General - The project consists of Reconstruction, Alterations, and Addition, and possible Change of Use for an existing three story building. Chapters K1 - K7 apply to Alterations and Reconstruction, Chapter K8 applies to Change of Use, and Chapter K9 applies for Additions. Additions require full compliance with the Building Code of NYS except as modified by Chapter K9. The building may also be subject to Chapter K10 for Historic Buildings. A Preliminary Meeting and Building Evaluation are recommended as required for this project in order to establish the specific applicability of the provisions of the code and the requirements of the Building Evaluation in accordance with Sections K104.1 and K104.2. The Building Evaluation will at a minimum require a complete structural evaluation for the existing and proposed uses as well as proposed Alterations and Additions, and should address the basic requirements for Alterations, Reconstruction, and Additions as referenced below. The registered design professional for the project should attend the Preliminary Meeting. See comments below.
3. Alterations - Chapters K1 - K6
New elements to comply with Title 19 Codes. Section K601.3. Note that this includes the elevator and exit stairs. See Sections K602 Structural, K603 Electrical, K604 Accessibility, and K606 Mechanical.
4. Reconstruction - Chapter K7
Reconstruction work areas are to comply with Section 702 Means of Egress (indicate means of egress systems on the plans including: occupant loads, travel distance to exist, required exits), K703 Interior Finish, K704 Shaft Enclosures, K705 Fire Separations and Smoke Barriers, K706 Automatic Sprinkler Protection (Note requirements for sprinkler system including the Fire Code of NYS), K707 Fire Alarm and Detection Systems (Note requirement), and K709 Boiler/Furnace Rms.
5. Additions - Chapter K9
Additions are to comply with Title 19 codes, except as modified by Chapter K9. Section K901.1.
6. Historic Buildings - Chapter K10
If this Chapter is utilized, a written report is required to be prepared in accordance with Section K1001.1.

END OF COMMENTS

EXHIBIT "9"

WHELDON A. ABT, ARCHITECT, P.C. 90 CRYSTAL RUN ROAD • MIDDLETOWN, NY 10941 • 845-695-1444

February 3, 2006

Mr. Bill Cummings, Code Compliance Supervisor
City of Newburgh Building Inspector's Office
22 Grand Street
Newburgh, N.Y. 12550

RE: Plan Review
96 Broadway
Resubmitted plans

Dear Mr. Cummings,

I have received revised Drawings for this project along with a request for shoring & bracing, because the building may not be stable in its present condition.

The Plan Review dated 1/23/2006 indicates that a Building Evaluation is required in accordance with Section 104.2 which will be discussed at a Preliminary Meeting (scheduled for 2/14/06). The Plan Review indicates that at a minimum the Building Evaluation will require a complete structural evaluation. Section 104.2 states that the Building Evaluation is to be performed by a licensed design professional. It is my recommendation that any work, including shoring & bracing, performed before such an evaluation would place the workers at unacceptable risk.

The resubmitted Drw. A-1 includes a Note on the Modified Section "Building to be shored up and braced floor to floor as Reconstruction moves upward to replace floor and roof. Notify Architect, Owner, and City of Newburgh immediately with any concerns of structural instability during shoring process." This note is not an Evaluation by a licensed professional. This note directs the evaluation of instability to someone else.

Shoring and bracing for new construction is generally considered a construction method with the contractor responsible for obtaining professional advice. This is not the case with this project. The structural evaluation should indicate whether and how shoring and bracing could be accomplished with reduced risk to employees and in accordance with OSHA. Please contact me, if you have questions regarding this recommendation.

Sincerely,



Wheldon A. Abt

EXHIBIT "10"

**CITY OF NEWBURGH
BUILDING INSPECTION OFFICE**

(845) 569-7400 TELEFAX (845) 569-7435

**BUILDING
PERMIT**

2006-00094

This document certifies that a Building Permit has been issued by the City of Newburgh Building Inspector Office for work to be performed at the address listed below.

Location: 96 Broadway
Section, Block. Lot: 30.-5-22

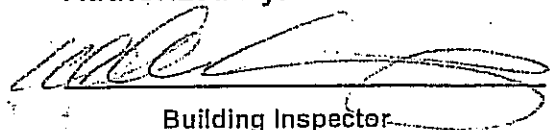
Owner: 96 BROADWAY LLC

Contractor: MAXIMUM SOLLUTIONS INC

This Permit is issued for the following work to be performed:

THIS PERMIT IS FOR ROOF REPAIR ONLY PER LETTER FROM ARCHITECT
DATED FEBRUARY 3, 2006

Authorized By:


Building Inspector

Date: 2/6/2006

This Document Must be Conspicuously Posted On The Premises

EXHIBIT "11"

Feb 14 2006

96 Broadway

Opening of meeting conducted by Mr Abt outlining appendix K and requirements for a structural evaluation by a design professional. Reconstruction chapter.

Discussion of Mixed occupancy to include residential on Fourth Floor and determine if building construction is applicable to mixed occupancy to height and area. This would move into addition chapter.

All new building elements to meet code. Sprinkler required.

Elevator proposed. Chap 30 outlines types of elevators allowed for K applications.

Historic Chap 10 discussed.

Back to discussion on structural evaluation, shoring & bracing - discussion on responsibility. Mr Abt stated that it left to contractor. Must have engineers drawings on shoring and bracing methods.

Mr. Abt suggested they call Cork Bureau for information on court loads and other aspects of work. Mr. Abt then addressed various procedures for appeals and variances.

Buelhing representative very concerned about Newburghs Historic requirements would prevent them from renovating and reconstruction as to their needs.

Need to go to Historic Review Board.

EP

EXHIBIT "12"

WHELDON A. ABT, ARCHITECT, P.C. 90 CRYSTAL RUN ROAD • MIDDLETOWN, NY 10941 • 845-695-1444

March 22, 2006

Mr. Bill Cummings, Code Compliance Supervisor
City of Newburgh Building Inspector's Office
22 Grand Street
Newburgh, N.Y. 12550

RE: Plan Review
96 Broadway

Dear Mr. Cummings,

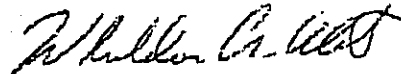
Please find enclosed revised Plan Review comments on this project.

A Preliminary Meeting was held for this project at the Building Dept. on 2/14/06. A Building Evaluation was requested. The resubmitted plans indicate structural additions extending to the basement to support the project and 3rd & 4th floor additions. The extent of structural alterations, additions, and new elements make the project basically subject to the Building Code and not Appendix K. The plans as revised indicate conformance with the Building Code, subject to the comments. The proposed project now includes an automatic sprinkler system throughout the building. Therefore, I recommend that a permit could be issued subject to the following:

1. Structural Inspections are required in accordance with Section 1704.1.1. A list of required inspections & inspectors is to be provided.
2. The plans indicate that the Contractor is to provide shoring and bracing plans. Shoring and bracing plans should be provided prior to structural removals and should be signed and sealed by a licensed NYS professional engineer.
3. Remaining comments including submission of electrical, mechanical, & plumbing plans should be addressed within a reasonable period of time.

Please contact me regarding this Plan Review and project. Thanks.

Sincerely,



Wheldon A. Abt

PLAN REVIEW

for

CITY OF NEWBURGH BUILDING INSPECTOR'S OFFICE

PROJECT: 96 Broadway

DATE: March 22, 2006

REVIEWER: Wheldon A. Abt, Architect

Drawings & Specifications prepared & certified by:

Eric Knute Osborn, Architect NYS Lic.#021585

The following comments are based upon revised and additional Drawings S-1, A-1, A-2, A-3, A-4, ST-1, ST-2, ST-3, Elect-1, Elect-2, SPRL-1, and SPRL-2 dated through 2/27/06 and the project Preliminary Meeting held 2/14/06. The comments below reflect by number previous comments dated 1/23/06 and are in response to the resubmitted materials:

Comment #

1. Applicable Regulations - Appendix K of the Building Code of NYS. No response required.
2. General - The project includes the Reconstruction with an Addition of an existing building, and was the subject of a Preliminary Meeting on 2/14/2006. The Building Evaluation has determined that the Addition (3rd & 4th stories) requires structural additions extending to the basement. This work is subject to the Building Code including Chapter 17 for Structural Inspections. The project includes an automatic sprinkler system (NFPA 13) throughout the building. See comments below.
3. Additions - Chapter K9 (#5 on 1/23/06 comments)
Additions require compliance with the Building Code & Title 19 Codes. K901.1.
 - A. The Occupancies R3, B, and M are permitted in the structure as shown with spearations and the proposed sprinkler system. The Construction Type is indicated as Type III, but also includes Type II on the upper floors. No response required.
 - B. Structure - The structural Additions are indicated as in conformance with the Building Code for design (Chapter 16). Conformance with Chapter 17 for Structural Tests & Inspections is required. See Section 1704.1.1 where a "statement of special inspections required..& a list of who is authorized to perform them" is a building permit requirement. Submit list of required inspections & inspectors.
 - C. Smoke alarms - Smoke alarms are required in the R3 occupancy in accordance with Section K904 and Section 907.2.10 of the Fire Code. Detectors are required outside the sleeping rooms and on each story of the dwelling unit.
 - D. Accessibility - The dwelling units are required to be "B" type units in accordance with Chapter 11.
 - E. Energy Conservation - Compliance with Section K906 is indicated.
4. Reconstruction & Alterations (#s 3 & 4 on 1/23/06 comments)
The project basically requires conformance with the Building Code due to the extent of the Alterations and Additions. New elements of Alterations require conformance with the Building Code:
 - A. B - Business occupancies on 2nd floor have 1 exit as permitted for spaces with maximum occupant loads of 50 persons by Table 1004.2.1. Indicate maximum occupant load.
 - B. Accessibility - Verify maneuvering space (5'diam. or "T" clearances) for B & M lavatories in accordance with ICC/ANSI A117.1.

PLAN REVIEW

for

CITY OF NEWBURGH BUILDING INSPECTOR'S OFFICE

PROJECT: 96 Broadway

DATE: March 22, 2006

Comment # Continued

4. Reconstruction & Alterations (Continued)
- C. Rated enclosures & separations including stairs, corridors, & occupancy separations to be in accordance with Chapter 7 & Sections 706 - 708 not Appendix K. Opening protectives are required for doors & penetrations, and continuity is required (supporting construction). Storage under stairs (R3) requires protection.
 - D. Elevator - Elevator requires conformance with Chapter 30 - Section 3001.2. Only elevator systems referenced in this Section are permitted.
 - E. Electrical, Mechanical, Plumbing - All electrical work is to be in conformance with Chapter 27 (NFPA 70). Include GFI protection in lavs and kitchens. Mechanical systems are to conform to Chapter 28 and the Mechanical Code of NYS. Include documentation of ventilation requirements, lavatory exhaust systems. Plumbing Systems to conform to Chapter 29 and the Plumbing Code of NYS. Submit professionally certified plans indicating conformance with Electrical, Mechanical, & Plumbing work with the referenced Codes. The sprinkler system requires conformance with NFPA 13 (13R is not permitted since the building is mixed use). Provide professionally certified plans and hydraulic calculations for the sprinkler system.

END OF COMMENTS

Pg. 2 of 2

WHELDON A. ABT, ARCHITECT, P.C. 90 CRYSTAL RUN ROAD - MIDDLETOWN, NY 10941 • 845-695-1444

March 22, 2006

Mr. Bill Cummings, Code Compliance Supervisor
City of Newburgh Building Inspector's Office
22 Grand Street
Newburgh, N.Y. 12550

Bill #048

Billing for professional architectural services in accordance with our Agreement
for consulting services for a Plan Review for 96 Broadway including all work from
2/14/2006 through 3/22/2006. Thank you.

Project Conference: 2/14/2006
Plan Review: 3/22/2006

W. Abt 5 Hours @ \$85./hr. = \$425.

Total Due: \$425.

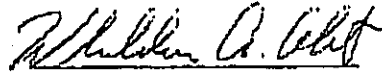

Wheldon A. Abt

EXHIBIT "13"

CITY OF NEWBURGH
BUILDING INSPECTION OFFICE

(845) 569-7400 TELEFAX (845) 569-7435

**BUILDING
PERMIT**

2006-00094

This document certifies that a Building Permit has been issued by the City of Newburgh Building Inspector Office for work to be performed at the address listed below.

Location: 96 Broadway
Section, Block. Lot: 30.-5-22

Owner: 96 BROADWAY LLC

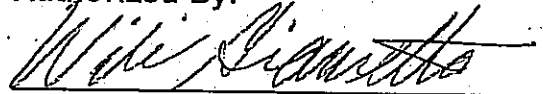
Contractor: MAXIMUM SOLLUTIONS INC

This Permit is issued for the following work to be performed:

THIS PERMIT IS FOR ROOF REPAIR ONLY PER LETER FROM ARCHITECT
DATED FEBRUARY 3, 2006
3/24/2006: PERMIT ISSUED FOR REVISED WORK SHOWN ON PLANS AND
SUBJECT TO ADDRESSING COMMENTS DATED 3/22/2006

* NO EXTERIOR CHANGES UNTIL ARC APPROVAL AS
per Bill Cummings 5-8-06

Authorized By:



Building Inspector

Date: 2/6/2006

This Document Must be Conspicuously Posted On The Premises

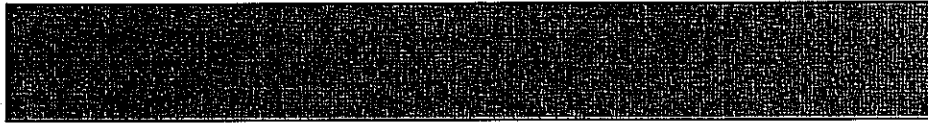
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Date Posted: 12:21:47 09/08/06 Fri

Author: Walter H. (Watch Out)

Subject: Reliable Source

A very reliable source at TH- Record says the DA's office is looking into public corruption in Newburgh. Under close watch is Councilman Cracolici. His phone may even be tapped. A plot to sabotage the Building inspector and frame him on a sex charge is being orchestrated by a city worker and Aux. P.D. Women who has an unsound mental condition from the past. J.D. is on the case anyone with info call him at Record.

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Date Posted: 14:16:11 09/18/06 Mon

Author: FYI

Subject: Re: Buskwacked

In reply to: REGULAR @ P.L. 's message, "Re: Buskwacked" on 01:07:06 09/15/06 Fri

>I happen to be a regular customer at P.L.'s and the
>truth is...L.W. has NEVER been there. I have on the
>other hand witnessed for myself the CM's Asst.
>swapping spit with B.C. there on more than one
>occasion. Not to mention other places those two have
>been seen together. I think you got your girl's mixed
>up!

THIS MISS INNOCENT LEEZA WARREN WAS OVERHEARD RECENTLY AT FRONTERAS' RESTAURANT. SHE WAS ASKING ANOTHER FEMALE TO COME UP WITH A STORY ON CUMMINGS. SHE ALSO INTIMATED FINANCIAL REWARD VIA MICHAEL GABOR FOR THE WOMANS COOPERATION THE OFFER ALSO APPLIED TO JAM.

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Date Posted: 09:07:56 10/05/06 Thu

Author: Dana (check this out)

Subject: Re: When does The Gabor Trial Start?

In reply to: Michael G. 's message, "Re: When does The Gabor Trial Start?" on 09:01:44 09/30/06 Sat

>>Just wouldn't it be something. The Victim in the
>>Cummings Complaint will end up owning city Hall, and
>>Michael Gabor will own 96 Broadway. Is this a new kind
>>of urban renewal? I just Love it! A new day is dawning
>>in Newburgh.

Take a look on /205957/ on Voy they reprinted some of Gabors smear tactics from June very intresting especially the stuff about set ups. And now in view of what happened to Chanin...

>
>
>
>What trial? SLAPPback suits don't require trials(Read
>more on them-if you can-at www.newburghadvocate.net).
>And I certainly don't own this board. But I'll
>probably own a few more things on that shopping spree
>Ill be on when I collect. Thanks for the reconition-I
>was getting worried no one cared anymore...

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Date Posted: 14:33:32 09/10/06 Sun

Author: ITK

Subject: Re: Reliable Source

In reply to: Walter H. 's message, "Reliable Source" on 12:21:47 09/08/06 Fri

>A very reliable source at TH- Record says the DA's
 >office is looking into public corruption in Newburgh.
 >Under close watch is Councilman Cracolici. His phone
 >may even be tapped. A plot to sabatoge the Building
 >inspector and frame him on a sex charge is being
 >orchestrated by a city worker and Aux. P.D. Women who
 >has an unsound mental condition from the past. J.D. is
 >on the case anyone with info call him at Record.

Hey I used to be in the inner circle of Newburgh,I know thatgirl she is trouble. She started a rumour about COURTNEY AND CUMMINGS HOPEING THAT WOULD SINK HIM FOR MICHAEL GABOR. Gabor is trying to wiggle out of his lawsuit and let Barbara Smith take the fall. That's rotten.Gabor is trying to stop thecollege and any growth that he and certain politicians re not going to make money off of. Gabor is the one who should be investigated.

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Replies:

- [Re: Reliable Source City Hall](#) -- Listen Up!, 13:27:31 09/11/06 Mon
 - [Re: Reliable Source City Hall](#) -- BETTY BOOP (YOU ARE SO WRONG), 14:48:46 09/11/06 Mon
- [Re: Reliable Source City Hall](#) -- Listen Up!, 13:28:46 09/11/06 Mon

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[Re: Reliable Source

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Date Posted: 14:39:07 09/10/06 Sun

Author: Y&T (Boop full o' Poop)

Subject: Re: Reliable Source

In reply to: BETTY BOOP 's message, "Re: Reliable Source" on 14:10:02 09/08/06 Fri

>>A very reliable source at TH- Record says the DA's
>>office is looking into public corruption in Newburgh.
>>Under close watch is Councilman Cracolici. His phone
>>may even be tapped. A plot to sabatoge the Building
>>inspector and frame him on a sex charge is being
>>orchestrated by a city worker and Aux. P.D. Women who
>>has an unsound mental condition from the past. J.D. is
>>on the case anyone with info call him at Record.
>I am so ashamed to even know you people. You all are so
>ready to throw daggers,an assume things that are not
>true. You all should be ashamed of yourselves. Who are
>you to say that the young lady has a mental
>condition,she has done nothing to even deserve that
>kind of treatment. I can't wait till the day,that you
>all see, who is the mental case. There's alot of
>history on him,an everyone knows it. He's a piece of
>SHIT...THANK YOU VERY MUCH.

Bill Cummings has been a big help to Newburgh the slum lords fear him...He is not a mental case you are...especially if you believe this set up orcestrated by Michael Gabor and his group. This girl or woman has made the same accusations though not formally against another coworker, a councilman, an officer she was assigned with and others.

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Replies:

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Date Posted: 15:01:56 09/18/06 Mon

Author: Analizeing Leeza

Subject: Re: Reliable Source

In reply to: MLT 's message, "Re: Reliable Source" on 13:43:58 09/08/06 Fri

>>A very reliable source at TH- Record says the DA's
>>office is looking into public corruption in Newburgh.
>>Under close watch is Councilman Cracolici. His phone
>>may even be tapped. A plot to sabatoge the Building
>>inspector and frame him on a sex charge is being
>>orchestrated by a city worker and Aux. P.D. Women who
>>has an unsound mental condition from the past. J.D. is
>>on the case anyone with info call him at Record.
>Well Walter,I don't know where you are getting your
>reliable source from,but you can believe SHE is the
>one with the mental condition.There is NO PLOT,what
>ever go's down will be for real THING...SOOOOO, bite
>that one...MLT

MLT it is you who bite perhaps on Leezas labia. She is a switcher roo and you know it... thats why she was put in place to entrap Mr. Cummings in order to tpple him and in your plans to topple McGrane. You all are sickos'.

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Replies:

- [Re: Reliable Source](#) -- Agree, 15:03:45 09/18/06 Mon



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Date Posted: 14:31:36 07/13/06 Thu

Author: Bambi (Sad)

Subject: To Little Grasshopper

Well well my dear Grasshopper are you really that down? 166166 is our playland and you do not seem to be one of us. Newburgh is our fair city. Michael has made it plain...our enterprise is going to take over the city and michael isour beloved leader oh excuse me..."CONTROLLER". We are not alone in our just quest. There are two dedicated public servants involved in our cause. Our Councilpersons Saland Maryan. Does that answer some of your questions GH?

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Replies:



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Date Posted: 09:40:55 09/30/06 Sat

Author: DB ((For our Leader))

Subject: For Michael G. Re: Gabor Trial

Due to the status of Michael G's. Legal problems he cannot comment on many things. We will help him and give info to you, the readers, who really don't know what happened. Michael was hit with a frivolous slapsuit. Why? Because he spoke out about bribery and shady dealings by the building inspector and owners of 96 Broadway. Then Michael advised a lady who works for the city, she was sexually herassed by the building inspector Mr. Cummings. As a result justice was done ,he resigned. She also had inside information on the bribery case and illegal permits for 96 Broadway. Michael is also very vocal about the senility and incompetance of certain members of the council and The City Manager. The Mayor himself has been in trouble for a sex crime and he turned a blind eye to the Cummings case. Michael is being targeted for his Homosexuality, and his outspokenness toward the city government and the corruption that is rampant in this city. "WE" will follow and support Michael as a leader should be, and he will be victorious in his quest to be vindicated for exposing corruption and sexual misconduct, as well as for preserving historic buildings in our city.

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Replies:

- Re: For Michael G. Re: Gabor Trial -- Michael G., 02:13:02 10/01/06 Sun
 - Re: For Michael G. Re: Gabor Trial -- ED McCARTHY, 03:49:44 10/02/06 Mon

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Date Posted: 09:07:56 10/05/06 Thu

Author: Dana (check this out)

Subject: Re: When does The Gabor Trial Start?

In reply to: Michael G. 's message, "Re: When does The Gabor Trial Start?" on 09:01:44 09/30/06 Sat

>>Just wouldn't it be something. The Victim in the
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Take a look on /205957/ on Voy they reprinted some of Gabors smear tactics from June very intresting especially the stuff about set ups. And now in view of what happened to Chanin...

>
>
>
>What trial? SLAPPback suits don't require trials(Read
>more on them-if you can-at www.newburghadvocate.net).
>And I certainly don't own this board. But I'll
>probably own a few more things on that shopping spree
>Ill be on when I collect. Thanks for the reconition-I
>was getting worried no one cared anymore...

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- [Re: Reliable Source](#) -- BETTY BOOP ((Where is your dignity)), 14:10:02 09/08/06 Fri
 - [Re: Reliable Source](#) -- Y&T (Boop full o' Poop), 14:39:07 09/10/06 Sun
 - [Re: Reliable Source](#) -- BETTY BOOP (Grow Up), 04:58:35 09/11/06 Mon
- [Re: Reliable Source](#) -- ITK, 14:33:32 09/10/06 Sun
 - [Re: Reliable Source City Hall](#) -- Listen Up!, 13:27:31 09/11/06 Mon
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